

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 69

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Democratic Party of Evanston

Mailing Address 826 N. Custer

City Evanston State IL Zip Code 60201

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.10162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TAMMY DUCKWORTH

Mailing Address 416 W 22ND ST

City LOMBARD State IL Zip Code 60148

Purpose of Disbursement
Contribution

Candidate Name
TAMMY DUCKWORTH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: SB21.9761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Jewish United Fund

Mailing Address One South Franklin St.

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.10166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2850.00

TOTAL This Period (last page this line number only)